

Project Environmental Summary Sheet

Note: This sheet shall be submitted within 30 days following completion of the project. In addition, for construction activities whose anticipated duration is more than one calendar year, a sheet shall be completed each May 31st (plus/minus 14 days). The Contractor will prepare this sheet so as to include all Subcontractor information also. Original data will be forwarded via the ACOR to the Chief, Environmental Branch, Planning Division, P.O. Box 4970, Jacksonville, FL 32232-0019. Use additional sheets as necessary.

Today's date: 5-2-08

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Project Name: CAPTIVA NOURISHMENT PROJECT Project Notice to Proceed Date: 3-17-08
Project Solicitation Number: W912EP-08-C-0007 Project Contract Number: W912EP-08-C-0007

1. Project activities that have occurred: BEACH FILL, BEACH TILLING, DREDGING, MOB, DEMOB, SHOREBIRD MONITORING, SUBMERGED PIPELINE, VIBRAT MONIT, TURBIDITY MONIT.

| Permit Condition/ Activity | % Completion | Date of Anticipated Completion | Date of Actual Completion |
|-------------------------------|--------------|-----------------------------------|------------------------------|
| <u>Dredging etc.</u> | <u>100%</u> | <u>5-6-08</u> | <u>5-2-08</u> |
| <u>See ABOVE:</u> | | | |

2. Describe project survey benchmark if a structure is involved: N/A

3. Check whether the following environmental incidents occurred:

| | Yes*: | No: |
|---|--------------------------|-------------------------------------|
| a. Spill of petroleum or hazardous substance | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Surface water or ground water contamination event | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Air pollution event | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Monitoring sample outside limit | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Required sampling or monitoring not conducted | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Event which threatened or actually harmed: | | |
| i. Vegetation, habitat, or wetland | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ii. Human, fish, bird, or other wildlife species | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iii. Protected soil or water bottom | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| iv. Historic, archeological, or cultural resources | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Regulatory violation, regulatory warning, permit violation, newsworthy event, or other (describe): | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

4. For each asterisked (*) 'Yes' item: N/A

- Describe incident and how discovered:
- Describe how, when, and if incident reported (initially and subsequently):
- Describe act which resulted in incident:
- Describe any failures of containment systems, contingency plans, or emergency procedures:
- Describe severity or extent of incident and landowner(s) affected:
- Describe how situation corrected and verified:

g. List and describe costs involved with incident correction (\$ N/A):

h. Additional sheets, sketches, pertinent photographs with annotations and dates, daily reports, or other items attached? Yes ☐ No ☒

Contractor Signature: Colleen Brazil
Typed or Handwritten Name: COLLEEN BRAZIL
Position: QUALITY CONTROL MANAGER
Company Name, Address, and Telephone Number:

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